

REPORTS INVENTORY						CONTROL NO.
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
Coding for CONIF						
3. FUNCTIONAL AREA		PERSONNEL		TRAINING	ADMIN. GENERAL	
	<input checked="" type="checkbox"/>	LOGISTICS		SECURITY	OTHER (specify)	
		MEDICAL		FINANCE		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)	
2		Daily			1	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Form		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			OL	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		
OCS/PMS						
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						\$ 50.00
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
Status information on all contracts.						